

**Kentucky School of Alcohol and  
Drug studies  
Presents a workshop on**

**Challenges: Adolescent Juvenile  
Justice population  
With Substance use**

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# Introduction

- ◆ This workshop addresses a distinct subgroup of adolescents with substance use disorders who come into contact with the juvenile justice system and whose substance use history patterns, co-occurring mental disorders, and related needs are similar to those adolescents not involved in the juvenile justice system. Compared with other adolescents with SUDS, many juveniles sent with measurably greater acuity and early onset of SUDS, have a higher prevalence and different combinations of co-occurring mental disorders and require greater attention and sensitivity to cultural, gender-specific, trauma-related, environmental, and circumstantial factors

# Socioeconomic, Culture, & Environmental Factors Associated with SUDs & Unlawful Behavior Among Juveniles

1. For treatment to be effective, particularly in containment settings, security and program (e.g., clinical, educational, vocational) personnel should ideally participate together in experimental, cross-disciplinary, team-building exercises to examine their values, assumptions, beliefs, and attitudes toward finding common ground, understanding each other's roles and responsibilities, and achieving mutual respect, leading to cooperation.
2. Many juveniles are surrounded by multigenerational family and community influences that transmit values and attitudes that view substance use-especially use of alcohol and marijuana-and antisocial behavior in general as acceptable.

# Socioeconomic, Culture, & Environmental Factors Associated with SUDs & Unlawful Behavior Among Juveniles: Cont.

- 3. For many youth, becoming subjects of the juvenile justice system is highly associated with their low socioeconomic status. According to the National Survey on Drug Use and Health (National Center on Addiction and Substance Abuse 2004a), juvenile arrestees are significantly more likely than other youth to come from poverty. Youth who come from families with sufficient economic resources are generally better able to afford private legal representation and to subsequently avoid involvement in the judicial system for all but the most serious criminal acts.

# Socioeconomic, Culture, & Environmental Factors Associated with SUDs & Unlawful Behavior Among Juveniles: Cont.

- 4. Those living in poverty, however, typically perceive-if not experience in reality-that they will be to obtain (or certainly afford) such treatment only after becoming involved in the judicial system, and often only when ultimately incarcerated. This reality speaks to the importance of actively providing early intervention services to urban communities through culturally appropriate service delivery involving clinicians indigenous to local subpopulations (Rockholz et al. 1996).

# Unique Clinical Needs of Juveniles with Substance Use Disorders:

1. The association between substance among adolescents and behavior that brings them into contact with the juvenile (and in some cases adult) justice system is strong and has been well established in the professional literature (Debo et al. 1993; Deschenes and Greenwood 1994; Elliot et al. 1989; Winters 1998). Juvenile delinquents and offenders represent subgroup with among the highest prevalence rates of substance use of all youth.
2. Substance abuse and criminal activity are associated, both independently and in combination, with progression to more serious SUDs and crime, and increasingly so with earlier ages of initiation.

# Unique Clinical Needs of Juveniles with Substance Use Disorders: Cont.

- 3. This connection highlights the importance of intervening at the earliest possible point in the initiation of substance use and/or juvenile justice system involvement, are addressed earlier in this volume (see Chapter 2, (“Prevention of Substance Use and Substance Use Disorders: Role of Risk and Protective Factors”) and in Suggested Readings appearing at the end of this chapter.
- 4. The National Survey on Drug Use and Health data (National Center on Addiction and Substance Abuse 2004a) also indicate that juveniles initiate alcohol, tobacco, and other drug use at younger ages than youth who do not come to the attention of the judicial system.

# Unique Clinical Needs of Juveniles with Substance Use Disorders: Cont.

- 1. Earlier use increases the likelihood of being arrested, developing SUD (including later in adulthood), recidivating (e.g., rearrest and reincarceration) following incarceration, and committing increasingly serious crimes, any of which may lead to adult criminal lifestyles.

# Co-occurring Mental Disorders in Juveniles

- ◆ Dennis (2005) reported that conduct disorder is the most frequent diagnosis among juveniles (approximately 65%), followed by ADHD (approximately 50%), with these two coexisting at an overlapping rate of approximately 90%. Specific internalizing disorders (e.g., major depression, generalized anxiety disorder, traumatic stress disorder) were reported individually at rates of approximately 30%.

# Treatment Approaches and Program Settings for Juveniles

- ◆ 1. Traditional Approaches
- ◆ 2. Institution based programs
- ◆ 3. Community based programs

# Emerging Approaches: The New Recovery Movement

- ◆ Model recovery community partnerships
- ◆ Grassroots youth and family recovery
- ◆ Internet based recovery supports and resource linkages